

If you are submitting ELECTRONICALLY, keep the application to a MAXIMUM of FIVE PAGES in length

EXPERIENCE

1. Area(s) of Practice Interest: _____

2. If not listed on curriculum vitae, please list all completed rotations and/or those remaining to be completed. Include site location and preceptor name.

3. Give a brief description of your clinical pharmacy practice experience and list your specific responsibilities.

- 4. List your previous work experience, including employer, dates of employment, job title, and experiences (ex. IV admixture preparation, unit dose, etc)**

ACTIVITIES

- 1. List activities in professional, service, and social organizations. Include all recognitions and honors.**

OTHER

- 1. Provide a detailed description of a significant clinical intervention that you have made within the past year.**

2. Describe a confrontational situation that you have had with a physician or another individual. How did you resolve the issue?
3. Describe a project/activity other than a PharmD research project that you helped initiate. Describe your role in the process.
4. Describe a time where you had multiple activities or assignments requiring completion all at the same time. How did you meet the demands of the situation?

- 5. How has your work and academic experience shaped your future career in pharmacy?**

RECOMMENDATION LETTERS

Please list the names and addresses of those individuals who will be sending recommendation letters to us:

1.

2.

3.

Signature

Date